

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	15		12			
TOTAL DEP.	29					
TOTAL CLAIMS	44		12			

	*IND/C		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1					
54		4				
55		4				
56		4				
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100						
TOTAL IND.	3					
TOTAL DEP.	36					
TOTAL CLAIMS	39					

BEST AVAILABLE COPY